

## Arkansas Network Adequacy Issue Log (Last Review: 2/1/2018)

(The purpose of this log to communicate on the current shortcomings of the Network Adequacy Regulation implementation in Arkansas, in the spirit of transparency needed for collaborative implementation. Arkansas Insurance Department (AID) will strive to address shortcomings over time along with other stakeholders. Issues that are easy to fix or have maximum returns will be prioritized across the years. This log maintained by AID is periodically updated. If you wish to add or comment on this log, please email [RHLDataOversight@arkansas.gov](mailto:RHLDataOversight@arkansas.gov))

Sl#	Limitations in Arkansas NA Review & Regulation	Status	AID Comment	Date logged	WIP Start Date	Closure Date	Originator
1	Lack of uniformity in the interpretation of Provider type	Implemented as an annual review process since 2016	AID collaborated with Arkansas Department of Health (ADH) and the industry to define Provider Types of interest to Arkansas in terms of NPPES taxonomies.	1/4/2016	9/15/2015	3/15/2016	
2	Lack of uniformity in the description of individual Providers (Individual or Facility). Is the provider a Pediatrician? Pediatrician gastroenterologist? Or both?	Implemented as a twice-a-year data maintenance process starting in 2016	AID collaborated with industry to come to an agreement on the classification of providers into Arkansas provider types. The basis of this was the NPI registry taxonomic association which was later corrected by the industry. However new providers are added and old ones leave the carriers network and this information has to be maintained. AID to collaborate with industry to determine the least painful way to keep this information maintained over time.	1/4/2016	9/15/2015	3/15/2016	
3	The distance standards in Arkansas is required at a county level but does not take into account inevitable geographic variation. Work is needed here otherwise it leads to unnecessary justification dialog overhead. Also transparency and predictability diminishes.	Completed. Two county classifications (Rural and non-Rural) implemented in 2016	AID feels that the geographic variation data needs to be studied before thresholds and algorithms are applied. The Department feels that the NA data gathering for PY2017 would be more accurate for study. The algorithm for thresholds may be based on county urban/rural/metro classification or other factors such as proximity to metro areas etc. There may need to be a county by county classification based on the data.	1/4/2016		3/15/2016	Industry

## Arkansas Network Adequacy Issue Log (Last Review: 2/1/2018)

SI#	Limitations in Arkansas NA Review & Regulation	Status	AID Comment	Date logged	WIP Start Date	Closure Date	Originator
4	Data for providers who serve the entire state or provide telemedicine not collected and does not figure into NA review.	Suspended after discussions with Arkansas Department of Health, academia (Georgetown University) and review of Arkansas tele-medicine law. Returns of effort not viable.	Providers of this type may be providing valuable services and not accounted for. This is especially problematic for calculating inclusion percentage for networks not covering the entire state	1/4/2016		2/18/2016	AID
5	Data for limited weekly availability of providers (few days of a week versus someone available all week) not collected and figured into NA review. An insurer's contracting with a provider available for 1 day/week is not the same as another contracting with a provider for the entire week.	Suspended as data is unavailable or unreliable as of 2017. Returns on effort not justifiable		1/4/2016			Industry?
6	Nurses and PA s working for a Specialist may be flagged as a PCP. Does not reflect a true picture of PCP coverage and makes it appear better than it is.	Completed by addressing #2	AID	1/4/2016		3/15/2016	ACHI/Industry
7	Data on % of providers acceptance of new patients not being analyzed	Remains a concern as of 2017. This information should be available in the JSON provider directories for Marketplace issuers. State Rule 106 covers this but there is no channel to get this information yet from off-marketplace issuers		1/4/2016			AID
8	After hours availability not being captured or processed.			1/4/2016			AID

## Arkansas Network Adequacy Issue Log (Last Review: 2/1/2018)

SI#	Limitations in Arkansas NA Review & Regulation	Status	AID Comment	Date logged	WIP Start Date	Closure Date	Originator
9	Timeliness and volume of provider directory changes not being monitored	Proof of concept done in 2016 for marketplace issuers using JSON. Not made a repeatable process due to resource constraints.		1/4/2016			AID
10	Integration between AID's divisions in charge of regulating NA and division in charge of handling consumer complaints needs to be established at a systems level to ensure data capture and trend analysis over time.	Suspended as this calls for a organization wide data governance effort across divisions and resources not available.	AID will research current classification and data capture details of member complaints within AID's internal systems that would be most suitable for Network Adequacy monitoring.	1/4/2016			AID
11	Distance as a crow fly standard not drive distance. Drive distance is more accurate.	Closed. Returns on effort to change after 3 years of implementation not worthwhile.	Rule 106 uses the term "radius" when it refers to 30 and 60 mile limits. This may need amendment to change to drive distance. Also carriers need to be polled for system capability to handle drive distance.	1/4/2016			AID
12	No regulation covering unexpected out-of-network charges for services in an in-network facility	CMS/CCIIO has covered this through rule making		1/4/2016		4/1/2016	AID
13	No regulation for covering out-of-network charges from incorrect provider directory information			1/4/2016			AID
14	Claims Data not available or mined for discovering NA problems (High incidence of ER visits, ratio of OON to total encounters for various provider types, usage patterns among different provider types across geographies etc.)	in-progress		1/4/2016			AID
15	Lack of NPI payment hierarchy may distort NA	Closed. Industry felt the returns on effort for this is not worthwhile		1/4/2016		3/1/2017	Qualchoice

## Arkansas Network Adequacy Issue Log (Last Review: 2/1/2018)

SI#	Limitations in Arkansas NA Review & Regulation	Status	AID Comment	Date logged	WIP Start Date	Closure Date	Originator
16	Waiting time not being captured. Neither is there any regulation covering this. This may be a very important indicator of true network adequacy.			1/4/2016			AID
17	Percentage of enrollees covered within counties was not used to trigger justifications. The average distance to enrollees was only used.	Closed and implemented	AID will attempt to use this metric in PY2017. The up-front justification triggers have been changed for PY2017.	1/4/2016	3/15/2016	3/15/2016	AID
18	Geo-scoring networks for County-Provider Type combinations based on provider information alone needs to be implemented to analyze networks that have no members in certain counties.	Proof of concept completed and being introduced to industry.		2/1/2018			AID